PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/791,011			ing Date 02/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
				(BER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	T	RATE (\$)	FEE (\$)	
⊠	BASIC FEE (37 CFR 1.16(a), (b),	_	N/A		N/A		ı	N/A	.,,	1	N/A	770	
⊠			N/A		N/A		ı	N/A		1	N/A	0	
⊠	EXAMINATION FE	Ε	N/A		N/A		l	N/A			N/A	0	
	TAL CLAIMS CFR 1.16(i))		52 minus 20 =		· 32		1	x \$ =		OR	X \$18 =	576	
INE (37	EPENDENT CLAIM CFR 1.16(h))	S	3 minus 3 =		• 0			x \$ =			X \$86 =	0	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 :	oplication l entity) r fraction	gs exceed 100 n size fee due for each n thereof. See CFR 1.16(s).								
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.]	TOTAL	1346	
	APPI	OED – P		OTHER THAN SMALL ENTITY OR SMALL ENTITY									
AMENDMENT	09/15/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.18(i))	· 55	Minus	 52		= 3		x \$ =		OR	X \$50=	150	
	Independent (37 CFR 1.16(h))	• 4	Minus	3		= 1		x \$ =		OR	X \$210=	210	
	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	360	
(Column 1) (Column 2) (Column 3)													
L		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
ä	Total (37 CFR 1,16())		Minus	**		=		x \$ =		OR	x s =		
AMENDMENT	Independent (37 CFR 1/16(h))	•	Minus	***				x \$ =		OR	x s =		
Ш	Application Size Fee (37 CFR 1.16(s))]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						Ī			OR			
										OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients in estimated to the size 2 minutes to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent of the CENTED (Finewall be sent to the CENTED (Finewall be sent to the CENTED FORMS TO THIS DEPARTMENT OF THE STATE OF T